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IN THE UNITED STATES DISTRICT COURTEDS OF

FOR THE DISTRICT OF SOUTH CAROLINA) Civil Action No. (to be assigned by Clerk) COMPLAINT State Prisoner Enter above the full name of defendant(s) in this action PREVIOUS LAWSUITS A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise related to your imprisonment? B. If your answer to A is Yes, describe the lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline. Parties to this previous lawsuit: Plaintiff: Defendant(s):___ 2. Court: (If federal court, name the district; if state court, name the county) 3. Docket Number: 4. Name(s) of Judge(s) to whom case was assigned: 5. Disposition: (For example, was the case dismissed? Appealed? Pending?) 6. Approximate date of filing lawsuit:

7. Approximate date of disposition:

II.		ACE OF PRESENT CONFINEMENT
	A.	Name of Prison/Jail/Institution: Lieber Correctional Institution
	В.	What are the issues that you are attempting to litigate in the above-captioned case? Negligence, excessive Force and cruel and unusual punishment
	C.	(1) Is there a prisoner grievance procedure in this institution? Yes
		(2) Did you file a grievance concerning the claims you are raising in this matter? Yes
		When Grievance Number (if available)
	D.	Have you received a final agency/departmental/institutional answer or determination concerning this matter (i.e., your grievance)? YesNo
	E.	When was the final agency/departmental/institutional answer or determination received by you?
		If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance that you have received.
	F.	If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? Yes
	G.	If your answer is YES:
		1. What steps did you take? I filed a complaint
		2. What was the result? No relief For the action a requested
III.	PAR	TIES
	In It	em A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs,
		Name of Plaintiff: Rodney Parker Inmate No.: 315646
		Address: PO BOX 265 Ridgeville, SC 29412
		In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.
	В.	Name of Defendant: Stevenson Position: Warden
		Place of Employment: DKCL
	C.	Additional Defendants (provide the same information for each defendant as listed in Item B above):
		My Sulton, Cpt. Mashington, Lt. Jackson, Sqt. esterline, Sqt. J.C.
		WITHING, Orc. Beckett, OFC. M. LOX, OFC. SUDIEZ, OFC. Dooley
		Nurse K. Mccullough, Nurse Jane Doe,

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IV. STATEMENT OF CLAIM

State here, as briefly as possible, the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach an extra sheet if necessary.

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IV. STATEMENT OF CLAIM - continued. only the cold hard steel to sleep on, and cold

State briefly and exactly what you want the court to do for you.
Where Fore, I would like to receive the Following relie
tram the courts:
1. \$ 100,000 in compensatory damages for the use of
excessive Force and stripp cell
2. \$ 5,000 spainst each defendant in their
individual copacity For excessive Force
3. \$ 5,000 squinst each defendant in their official capacit
For excessive Force
of the constitute day men for the war of excension
4. \$ 100,000 in punitive damages for the rest of excession
Force and strip cell
5. May and all relief that the courts seem just and
Fair.
I declare under penalty of perjury that the foregoing is true and correct.
Signed this September day of 22 , 20_13
R. Parker

Signature of Plaintiff